

Home Health Technical Advisory Committee (HH TAC) Meeting Minutes July 22, 2014

Technical Advisory Members present:

Sharon Branaham- KHCA, Highlands Home Health
Susan Stewart- KHCA, Appalachian Regional Healthcare Home Care
Rebecca Cartright- KHCA, Baptist Home Care Hospice
Jennifer Thurman-Humphrey- KHCA, Three Rivers District Home Health

Department for Medicaid Services (DMS) staff present:

Erin Varble- Division of Community Alternatives, Director's Office
Debbie Simpson, RN, NCI- Division of Provider and Member Services
Catherann Terry, RN, NCI- Division of Program Quality and Outcomes, EPSDT
Earl Gresham- Division of Community Alternatives, Assistant Director
David McAnally- Division of Program Quality and Outcomes, Wellcare Liaison
Ellenore Callan, RN, NCI- Division of Community Alternatives, HCBS Branch
Gregg Stratton, Division of Community Alternatives, Branch Manager, HCBS Branch.

Department for Aging and Independent Living (DAIL) staff present:

Jennifer Dudinskie

Managed Care Organization (MCO) Representatives present:

Jackie Richie- Anthem
Matt Fitzner- Anthem
Mary Schaefer- Humana Caresource
Sherry Farris- Coventry Cares

Others Present:

Tim Rogers- KHCA
Arianna Afshari- KHCA
Nikki Martin, RN- HP
Pam Smith- HP

The Home Health Technical Advisory Committee (HH TAC) met on July 22, 2014 at 11 AM.

- I. Meeting was called to order by Sharon Branham, KHCA.
- II. A motion was made, seconded and approved to accept the minutes from the May 6, 2014 meeting.
- III. Introductions we made.
- IV. OLD BUSINESS
 - a. EPSDT Prior Authorizations for Service

Home Health Technical Advisory Committee (HH TAC) Meeting

Minutes July 22, 2014

- i. Anthem-6 months
 - ii. Passport- 3 months
 - iii. Humana CareSource- 8 weeks but medical board was willing to go to 90 days based on medical necessity.
 - iv. Coventry- 6 weeks
 - v. Wellcare- 6 weeks.
- b. Program Codes- Will be attached to the minutes and Erin to check with Ronji about posting to HH web page.
- c. Personal Care Regulations differences in HCBW and Traditional Services Explanation.
 - i. Lots of changes to the HCB Waiver.
 - 1. Sharon has had several meeting with Commissioner Anderson.
 - 2. Draft of waiver has been approved by CMS. However not available to public yet.
 - 3. Reimbursement will be different, and won't necessarily be provided by certified aides.
 - 4. May lose providers of waiver services because they will not be getting the same amount of reimbursement.
 - a. Conflict Free case management may cause this.
 - b. Sharon, hoping to change the Regulation in order to prevent this.
 - c. Met with Home health alliance- they are very concerned about this.
 - d. Supervision of staff in the home-extending the time, to cut down on cost, like in other states around us.
 - 5. Want to move budget from Long Term Care facilities to in the Home.
 - 6. Want to make services available from anyone who passes the requirements instead of county by county.
 - ii. A lot of CDO clients will be moving into the new HCB model.
 - iii. Big push to get clients out of LTC Facilities and into Waiver programs.
 - 1. Someone is discharged, they can have someone come in for up to 2 weeks to keep them out of nursing home.
 - 2. Discharge nurses to think of waiver placement before sending to LTC.
 - 3. Loosened up on units, will no longer be charged by units. Can provide amount of care needed this way.
 - iv. Susan at ARH, they stayed in waiver when everyone else got out of it.
 - 1. Very concerned that their employees who have stayed are now going to go through another cut, if they choose to stay with the new waiver program.
 - 2. When they no longer need a CON, hoping this will help get services throughout the state.
- d. Conflict Free Case management:
 - i. Requires a CON?
 - 1. No, people will call in to the state, get assigned a number and get referred a case manager.
 - 2. Home Health Agencies, Adult Days and several others are going to be providing case management.

Home Health Technical Advisory Committee (HH TAC) Meeting

Minutes July 22, 2014

- 3. Cannot provide case management if they are already providing services.
 - e. Supervision of Aides:
 - i. Someone currently has to come in every 60 days.
 - ii. Now, may not be an Aide with new waiver.
 - iii. Now if just has to be someone over the age of 18 that passes the assessment, clean criminal background check, has driver's license.
 - iv. 180 days in Indiana.
 - f. Tim- There are a lot of unknowns within this transition period.
 - g. Medicaid Private Duty:
 - i. Sharon working with Lee: see attachment : Private Duty.
 - 1. Submit to Carewise.
 - 2. PA's for 3 months at a time.
 - 3. HP goes with a fee for service.
 - a. Currently one person receiving the services.
 - b. Still waiting to get the correct codes in the system.
 - 4. Fee for service side- get about 6 months at a time.
 - ii. Fee for service, Pam has been reviewing.
 - 1. Can be approved, just can issue the official approval letter yet.
 - 2. Without letter, can't bill yet.
 - iii. Pam to check with Lee to see if they can post the fee schedule with MAP 249 on the website (see attachments MAP 249).
 - iv. Reimbursement for LN and LPN is stated in the Reg.
 - v. Everyone who wants to provide Private Duty nursing has to get provider number?
 - 1. No can do it with your HH provider number.
 - 2. MCO's is it the same for you guys?
 - a. Not sure yet.
 - 3. Sharon wants MCO's to report back on how PDN request will be handled.
 - 4. Currently 13 PDN providers in the state. Sharon to get that list to MCO's
 - 5. Add provider type to Home Health agencies. Instead of having it only related to CONS.
 - vi. All supplies have HCPCS codes. Should all be listed. Pam to check and see if she can get that listing posted.
 - h. Department CHFS to obtain Authorizations on HCBW.
 - i. Have to call the 1-800 number and no one calls back.
 - ii. Ellenore to give Sharon a contact person.
- V. NEW BUSINESS
- a. Provider Enrollment Update with respect to expansions:
 - i. Providers are currently working on them. Don't have any specific numbers. Several were supposed to be on conference call.
 - b. Department for Medicaid Services filed amendments to the Medicaid home health services regulation (907 KAR 1:030). The primary changes were replacing the archaic language in the regulation regarding supplies/products and adopting a "Home Health Schedule of Supplies" which lists the covered supplies/products. (see attachments: HH supplies and HH REG)

Home Health Technical Advisory Committee (HH TAC) Meeting Minutes July 22, 2014

- i. Direct link for all these regs.
 - ii. The regulation number is 907 KAR 1:030.
<http://www.chfs.ky.gov/dms/incorporated.htm>
- c. Program Codes (see attachment : Program Codes)
 - i. Will put on website and are attached to minutes.
- d. At KHCA meeting, all MCO's invited to come and talk/listen.
 - i. Had only one specific issue to follow up on. Sharon still waiting to hear back from Coventry on the answer.
- e. Faxing PA's?
 - i. Generally try to go out through fax, or over the phone, and then follow up with hard copy through the mail.
- f. Follow up with Coventry about customer satisfaction survey they completed?
- g. Request listing of all provider liaisons to distribute to membership through the KHCA list serve.
 - i. David McAnally to send list out. (see attachment: MCO listing)
- h. Once the HH regs are updated, then the waivers will be updated.
- i. Aides, will they have any training?
 - i. KHCA has some training they can provide to these aides.
 - ii. Give them general knowledge on when case managers, doctors etc. should be called.
- j. Appointment of TAC member to replace Brenda Hagen who is no longer employed with a home health agency in KY.
 - i. Erin to check on new member appointment procedure.
- k. Changing Fees for Services.
 - i. HH is currently 445 going to 500.
 - ii. Hospice going up to 500.
- l. Monday at the MAC, Commissioner Kissner will be speaking about the effects of the \$90 million shortfall KY's budget has.
 - i. Sharon to report back on that.
- m. Next meeting September 23rd.
- n. Adjourned.